

St. Michael the Archangel Catholic Church  
Office of Religious Education  
100 Oak Drive South, Lake Jackson, TX 77566

**LIABILITY RELEASE FORM**  
**Release of All Claims**  
**2010-2011**

**Beginners (age 4), Kindergarten (age 5), First Grade through Sixth Grade**

In consideration for being accepted by **St. Michael The Archangel Church** for participation in the Continuing Christian Education Programs, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant(s) if said child(ren) is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **St. Michael The Archangel Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant(s) that occur while said child(ren) is participating in the above described program or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant(s) if under the age of 21 years] here-by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in programs, recreation, and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant(s), and hereby grant our (my) permission for him (her) to participate fully in said programs, and hereby give our (my) permission to take said participant(s) to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary action or otherwise we (I) hereby assume all responsibility for transportation.

**Please list all children (age 4 – 6<sup>th</sup> Grade) enrolled in CCE Classes:**

\_\_\_\_\_  
Print name of child-participant

\_\_\_\_\_  
Note any Allergy or Medical Condition

\_\_\_\_\_  
Print name of child-participant

\_\_\_\_\_  
Note any Allergy or Medical Condition

\_\_\_\_\_  
Print name of child-participant

\_\_\_\_\_  
Note any Allergy or Medical Condition

\_\_\_\_\_  
Parent's Telephone #

\_\_\_\_\_  
Emergency Telephone #

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date